

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22466**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 108	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) Slater		0971	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital				d. STREET ADDRESS (If rural, give location) E. Parker			
3. NAME OF DECEASED (Type or Print) a. (First) AUGUSTUS		b. (Middle) ELLINGTON		c. (Last) ELLIOTT		4. DATE OF DEATH (Month) (Day) (Year) July 1, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 9, 1878	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Shop		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Nathaniel Elliott		13b. MOTHER'S MAIDEN NAME Sarah Watson		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. 499-10-4116		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold E. Elliott Marshall, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. atherosclerosis + arteriosclerosis c. gangrene of rt foot. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4501			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 25 June 1956 , to July 1, 1956 , that I last saw the deceased alive on July 1, 1956 , and that death occurred at 4:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ralph Jones MD		23b. ADDRESS Marshall, Mo.				23c. DATE SIGNED 7-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-2-56		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.		24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
DATE REC'D BY LOCAL REG. 7-3-56		REGISTRAR'S SIGNATURE Clair E. Reed		25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger		ADDRESS Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed Joseph R. Mackler
Licensed Embalmer No. 4521
P. O. Address Marshall, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.